## 2007 FOR PROFIT CORPORATION

## Apr 30, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # F01000002520** 04-30-2007 90409 023 \*\*\*158.75 DUTT ENTERPRISES, INC. 7008Ansa Principal Place of Business Mailing Address 113 N PORTAGE ST. PO BOX 207 DOYLESTOWN, OH 44230 DOYLESTOWN, OH 44230 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 04182007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 34-1233829 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUTT, JERE 235 BAREFOOT BEACH Street Address (P.O. Box Number is Not Acceptable) BONITA SPRINGS, FL 34134 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 4-23 - 07 SIGNATURE Signature, typed or printed name of registered agei (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE TITLE Delete ☐ Change ☐ Addition DUTT, JERE W NAME NAME 235 BAREFOOT BEACH STREET ADDRESS STREET ADDRESS BONITA SPRINGS, FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE **Change** ☐ Addition DUTT, JERE W III NAME NAME 14741 Serfass Rd. STREET ADDRESS 720 REDROCK STREET ADDRESS WADSWORTH, OH CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change □ Addition DUTT, JASON F NAME NAME STREET ADDRESS **14863 SERFASS** STREET ADDRESS DOYLESTOWN, OH CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition DUTT, REGINA NAME NAME STREET ADDRESS 235 BAREFOOT BEACH STREET ADDRESS BONITA SPRINGS, FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED